

<b>Case Number:</b>	CM14-0019736		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year old female patient with a 3/3/09 date of injury. The mechanism of injury was not provided. A 1/13/14 progress report indicated that the patient had a positive impingement sign and pain in the proximal arm. Objective findings demonstrated that forward flexion was 130 degrees, abduction was 130 degrees, and internal and external rotation was 60 degrees. She was diagnosed with impingement of the left shoulder, intermittent left lateral epicondylitis, and right thumb carpometacarpal traumatic arthritis. Treatment to date: Physical therapy and medication management. There is documentation of a previous 1/29/14 adverse determination, because there was no documentation to support that prior physical therapy was effective.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PHYSICAL THERAPY TO THE LEFT SHOULDER, #8 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, Pain, Suffering, and Restoration Function Chapter, page 114 and MTUS Chronic Pain Medical Treatment guidelines, pages, 98-99. and Non-MTUS Official Disability Guidelines (ODG) Shoulder Chapter: Physical Therapy Guidelines. Page(s): 98-99. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Physical Therapy Guidelines.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG supports up to 10 sessions of physical therapy for impingement syndrome. However, the patient has 2009 date of injury and has had physical therapy previously. However, there was sparse information about her previous treatment, and diagnostic history. There was no clear description of functional improvement or gains in activities of daily living from the previous physical therapy sessions. In addition, the number of physical therapy sessions completed was not documented. It is not clear if the patient is compliant with a home exercise program. Therefore, the request for physical therapy to the left shoulder, #8 sessions, was not medically necessary.